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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				_	
FEE TRANSMITTAL				Application Num		10/694,643			
				Filing Date		October 27, 2003			
For FY 2009				First Named Inv		William M.		_	
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name		n A. Hoar			
				Art Unit	4172				
TOTAL AMOUNT OF PAYMENT (\$) 78.00				Attorney Docket	No. 02629	6-000310US		_	
METHOD OF PAYMENT	(check al	I that a	pply)						
Check Credit C	ard	Money	Order Nor	ne Other (pl	case identify):				
Deposit Account D	eposit Acco	unt Numi	ber: 20-1430	Deposit Accor	unt Name: Towns	end and Town	send and Crew LLP		
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any ad	iditional fee	s(s) or u	nderpayments of fe	e(s)					
under 37 CFR WARNING: Information on this	1.16 and 1	.17		Credi	t any overpayment he included on		de credit card		
Information and authorization	on PTO-203	8.	ablic. Cledit card ii	Tormation should no					
FEE CALCULATION						-			
1. BASIC FILING, SEAR				ARCH FEES	EVAMINA.	TION EEEC			
FILING FEES SEA Small Entity				Small Entity	Sma	MINATION FEES Small Entity			
Application Type	Fee (\$)	Fee (\$) Fee	(\$) Fee (\$)	Fee (\$) F	ee (\$)	Fees Paid (\$)		
Utility	330	165	54	0 270	220	110			
Design	220	110	10	0 50	140	70			
Plant	220	110	33	0 165	170	85			
Reissue	330	165	54	0 270	650	325			
Provisional	220	110		0 0	0	0			
2. EXCESS CLAIM FEE	s						Small Entity		
Fee Description Fee (\$) Each claim over 20 (including Reissues) 52							Fee (\$) 26		
Each claim over 20 (including Reissues) 52 Each independent claim over 3 (including Reissues) 220									
Multiple dependent claims 390							110 195		
				ee Paid (\$)		Multiple Dependent Claims			
25 -20 or HP = 3 x \$26 = HP = highest number of total claims paid for, if greater than 20				\$78		Fee (\$)	Fee Paid (\$)		
	ms paid for, Extra Clai			ee Paid (\$)					
3 -3 or HP = 0 x ===									
HP = highest number of independ	dent claims p	aid for, if	greater than 3						
3. APPLICATION SIZE F									
If the specification and o	drawings	exceed	100 sheets of pa	per (excluding e	lectronically i	iled sequenc	e or computer		
listings under 37 CF. sheets or fraction the						entity) for ea	ach additional 50		
Total Sheets	Extra Sh			and 37 CFR 1.1		reof Fee (\$) Fee Paid (\$)		
				(round up to a v					
4. OTHER FEE(S)							Fees Paid (\$)		
Non-English Specification, \$130 fee (no small entity discount)									
			(110 0111111 0111	,				•	
Other (e.g., late filing surcharge):									
SUBMITTED BY								$\overline{}$	
Signature Da	A Ver	th	Ш	Registration No. (Attorney/Agent)	32,233	Telephone	858-350-6100		
Name (Print/Type) David A. Hall Da							Date June 22, 2009		